

**This complex is a non-smoking property  
Smoking of any kind prohibited**

**Housing Application**

Please complete the following application and return it to **Emerald Management Corporation 752 Main Street, Westbrook, ME 04092, or fax it: 1-207-854-2837. All items** must be completed in order to determine your eligibility. **Incomplete applications will be returned.** If an item does not apply to you, please mark "N/A" on that line. Every applicant will be required to go through a formal interview before eligibility is determined.

Instructions: Please follow carefully. Incomplete applications will not be accepted.

1. Complete all areas. If an item does not apply to you, please mark "N/A" on that line.
2. Required documents:

Social Security Card  
Birth Certificate/Passport

Bank Statement  
Social Security benefit letter  
IRA and Annuity benefits

Tax Return  
Pensions

ALL applicants must submit a copy of their Social Security card with the housing application. If you do not have a Social Security card, at least one of the following required documents must include your Social Security number.

3. Proof of Citizenship: All applicants are required to prove citizenship by providing a **birth certificate of passport.**
4. Signatures and required documents must be provided by all applicants
5. Return your application to: Emerald Management Corporation  
752 Main Street  
Westbrook, Maine 04092

NOTE: **Pets are not allowed**

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Your application is being returned because:

You did not complete all areas, or you did not sign your application  
You did not provide the required documents for all household members.

**PLEASE NOTE THIS PROPERTY HAS INCOME REQUIREMENTS**

## Yarmouth Senior Housing – Bartlett Circle

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicant's ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and the applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- All applicants must be able to meet essential Lease obligations of tenancy – they must be able to pay rent, care for their apartment, to report required information to Emerald Management Corporations, to avoid disturbing their neighbors, etc. there is a requirement that they must be able to do these things without assistance.
- Emerald Management Corporation is a management company that provides low-income rental housing to eligible households. Emerald Management Corporation is not permitted to discriminate against applications based on race, color, religion, sex, national origin, sexual orientation, disability/handicap or familial status. In addition, Emerald Management Corporation has a legal obligation to provide "reasonable accommodations" to applicants if they, or any household member have a disability or handicap.
- The Fair Housing Act/Federal law prohibits discrimination in sale, rental, or financing of housing on the basis of race, color, national origin, sex, religion, age, disability, marital, familial status or sexual orientation. USDA, Rural Development applicants may file any complaints of discrimination to USDA Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call (202)720-5964 (voice or TDD).

**Household Composition – List all persons, including yourself, who will be living in the apartment.**

Name (List Head of Household first)	Relationship	Birth Date	Social Security Number
1.	<b>HEAD</b>		- -
2.			- -
3.			- -
4.			- -
5.			- -
6.			- -

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(if different from mailing)

How did you hear about the apartment \_\_\_\_\_

Requested unit size \_\_\_\_\_ (# of bedrooms) Do you require handicap-accessible unit: YES NO

**Income – List all sources of income in your Household, regardless of recipient's age, that is regularly received or expected to be received. Please put "N/A" next to any source that does not apply.**

Family Member Name	Sources of Income	Amount
	Wages – Gross Monthly Amount Employer Name: _____	\$
	Pension – Gross Monthly Amount Source: _____	\$
	Social Security – Gross Monthly Amount	\$
	Unemployment- Gross Monthly Amount	\$
	VA Benefits – claim #:	\$
	Interest Income - Gross Monthly Amount (i.e., interest earned from bank accounts, CD's, stocks, bonds, etc.)	\$
	Other Income	\$

**Assets:**

- Have you sold or disposed of any asset(s) valued over \$1000.00 in the last two years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, type of asset (e.g. money, land, house, etc) \_\_\_\_\_

Market value when sold/disposed \$ \_\_\_\_\_ Amount sold/disposed for \$ \_\_\_\_\_ Date of transaction \_\_\_\_\_

- Do you own any Property? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, type and location of property: \_\_\_\_\_

Appraised market value \$ \_\_\_\_\_ Mortgage or outstanding loan due \$ \_\_\_\_\_

Name and address of broker/realtor who would provide verification of market value:

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Broker/Realtor                      Address                                      City, State                                      Zip

## Applicant Information – Please circle correct answer

Federal law required us to get drug and criminal background and sex offender registration information about all adult household members applying for financially assisted housing. To enable us to do this ALL-HOUSEHOLD MEMBERS AGE 18 OR OLDER MUST ANSWER THE QUESTIONS BELOW, THEN SIGN TO CONSENT TO A BACKGROUND CHECK. The questions ask about drug related and other criminal activity that could adversely affect the health, safety or welfare of other residents.

1. Have you been served a Notice to Quit or been asked to leave by a previous landlord?      YES      NO
2. Have you been served with lease violations from a previous landlord?      YES      NO
3. Have you been evicted?      YES      NO
4. Have your or any household member been evicted from federally assisted housing for drug-related criminal activity?      YES      NO
5. Do you currently use illegal drugs or abuse alcohol?      YES      NO
6. Have you or a household member been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender registration program?      YES      NO
7. Have you been convicted of any drug-related crime within the past five years?      YES      NO
8. Have you been convicted of any felony or Class A – Class D crimes within the last 10 years?      YES      NO
9. Have you been convicted of any crime involving fraud or dishonesty with the past 10 years?      YES      NO
10. Have you been convicted of any crime involving violence within the past 10 years?      YES      NO
11. Are you currently charged or being charged with any of the above criminal activities?      YES      NO

If you answered yes to ANY of the above, please explain the circumstances in detail on an attached sheet of paper. If you answered yes to questions 1, 2, 3 or 4, please provide property name and landlord information \_\_\_\_\_

List all states, other than the one that you reside in now, in which you have lived or held a drivers license (include driver's license # \_\_\_\_\_)

Have you ever used or been known by any other name? If so please list names used: \_\_\_\_\_

### References – Current Landlord

Name \_\_\_\_\_ Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ (      ) Phone Number \_\_\_\_\_  
 Rental Began: \_\_\_\_\_ Current Rent: \$ \_\_\_\_\_ per \_\_\_\_\_

### Previous Landlords

Name of Landlord	Address	Phone Number	Apartment Address	Period Rented
1.				From: To:
2.				From: To:

**Professional References (example: teachers, principals, past/present employers, clergy, physicians, etc.) Please do not list relatives or friends.**

Name of Professional Reference	Address	Phone Number
1.		
2.		
3.		

List any vehicles that you own: Yr./Make: \_\_\_\_\_ License Plate \_\_\_\_\_  
 Yr./Make: \_\_\_\_\_ License Plate \_\_\_\_\_

Do you own a pet? Yes  No  If yes, describe \_\_\_\_\_

Emergency contact: Name: \_\_\_\_\_ Phone(day) \_\_\_\_\_ (evening) \_\_\_\_\_

Address: \_\_\_\_\_



**All information received by Emerald Management Corporation during the application process regarding the applicant or applicant's household will be taken into consideration as part of the application process.**

**Certification**

I/we hereby certify that I/we do not and will not maintain a separate, subsidized unit in another location. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence.

I/we understand that eligibility for housing will be based on either the USDA, Rural Development or the Department of Housing and Urban Development criteria and Emerald Management Corporation's resident selection criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a history of unjustified and/or chronic nonpayment of rent and/or financial obligations;(2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of the Tenants Household or other Residents or whose tenancy would result in substantial physical damage to the Owner's property or the property of other Residents;(3) a history of disturbance of neighbors;(4) a history of violations of the terms or previous rental agreements, especially those resulting in eviction for housing or termination from residential programs;(5) police records indicating any type of criminal activity or convictions; and (6) any records which show the applicant's behavior to be unacceptable, even it is a manifestation of an applicant's disability.

**Signatures**

Signed:  \_\_\_\_\_  
**Head of Household** \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_  
**Spouse/Co-Tenant** \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_

# Please sign ALL black checkmarks

## Authorization

I/we do hereby authorize Emerald Management Corporation and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

I/We certify that the information given to the application questions is true and complete to the best of my/our knowledge. I/We understand that any false information or omission of any significant information may be grounds for cancellation of this application or termination of residency after occupancy. I/We authorize Emerald Management to verify all information and consent to release of necessary information to determine eligibility.

I/We further understand and authorize a criminal background check to be performed to determine eligibility for admission. I/We hereby authorize law enforcement agencies to release criminal records, travel watch list and/or sex offender registration information to Emerald Management or the an agency contracted by Emerald Management to conduct background checks.

## Signatures

(✓)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

(✓)

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date



Real Estate Management, Development & Maintenance

**Bank or Financial Institution Verification**

Property: YARMOUTH SENIOR HOUSING

Name of Bank or Financial Institution:

Name:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SS #: \_\_\_\_\_

Yarmouth Senior Housing, the housing owner, requires verification of bank information to determine this person's rent eligibility. Your prompt return of this information is necessary to assure timely processing of the application or recertification. Please provide the following information and return to us in the provided self-addressed, stamped envelope. A consent to release this information can be found below or attached to this form. Thank you.

**RELEASE:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.



Tenant

Co-tenant

**FOR FINANCIAL INSTITUTION'S USE ONLY:**

**Information Being Requested**

Please list all accounts, either individually or jointly. All account #'s may not be listed and some may be incorrect.

Type of Account	Account #	Date Acct Opened	Date Acct Closed	Penalty Charge for Early W/D (If Applicable)	***** Checking Only Average Six (6) Month Balance	Today's Balance	Today's % Rate
						\$	%
						\$	%
						\$	%
						\$	%
						\$	%
						\$	%
						\$	%
						\$	%
						\$	%
						\$	%

Signature & Title of Person Supplying Info

Phone #

Date

**Penalties for misusing this consent:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements and may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages.



752 Main Street Westbrook, Maine 04092  
Phone (207) 854-2606 Fax (207) 854-2837  
Toll Free: 1-800-335-9949 TDD #: 1-800-545-1833 Ext 340





Real Estate Management, Development & Maintenance

**Bank or Financial Institution Verification**

Property: YARMOUTH SENIOR HOUSING

Name of Bank or Financial Institution:

Name:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SS #: \_\_\_\_\_

Yarmouth Senior Housing, the housing owner, requires verification of bank information to determine this person's rent eligibility. Your prompt return of this information is necessary to assure timely processing of the application or recertification. Please provide the following information and return to us in the provided self-addressed, stamped envelope. A consent to release this information can be found below or attached to this form. Thank you.

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						\$	%
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# EMERALD MANAGEMENT

Real Estate Management, Development & Maintenance

## Landlord Reference

Property: **Yarmouth Senior Housing**

Landlord Name & Address:

Applicant Name & Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This person has applied for housing in one of our communities. We ask your cooperation in providing the following information and returning it to us. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant has consented to this release of information as shown below.

### TO BE COMPLETED BY LANDLORD ONLY:

Address of Apartment Rented: \_\_\_\_\_ Rental Period: From \_\_\_\_\_ to \_\_\_\_\_

Amount of current/previous rent \$ \_\_\_\_\_ Amount in arrears at this time \$ \_\_\_\_\_

If this rental is current, do you receive a subsidy through the Rural Housing 515 program or HUD Section 8 program?  Yes  No

Had/have you begun/completed eviction proceedings for non-payment?  Yes  No

Rent payment history for the past year/prior years:  Excellent  Good  Fair  Poor

Housekeeping: Does (did) the tenant keep the unit clean, safe & sanitary?  Yes  No

Are (were) there any damages beyond normal wear and tear?  Yes  No

Does (did) tenant permit persons other than those on the lease to live in the unit on a regular basis?  Yes  No

Has (had) tenant/family members/guests damaged/vandalized the common areas?  Yes  No

Does (did) tenant/family members/guests interfere with the rights/quiet enjoyment of other tenants?  Yes  No

Has (had) tenant/family members/guests acted in a physically violent and/or verbally abusive manner towards neighbors, landlord, or landlord staff?  Yes  No

Type of tenant:  Excellent  Good  Fair  Poor Would you rent to applicant again?  Yes  No

Comments on any of the above: \_\_\_\_\_

Signature & Title of Person Supplying Info \_\_\_\_\_

Phone # \_\_\_\_\_

Date \_\_\_\_\_

**RELEASE:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent. You do not have to sign this form if it is not clear who the requesting organization is or what organization is supplying the information.

(✓)

**Please Return By:**

**Penalties for misusing this consent:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.



752 Main Street Westbrook, Maine 04092  
Phone (207) 854-2606 Fax (207) 854-2837  
Toll Free 1-800-225-0040





# EMERALD MANAGEMENT

Real Estate Management, Development & Maintenance

## Landlord Reference

Property: **Yarmouth Senior Housing**

Landlord Name & Address:

Applicant Name & Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This person has applied for housing in one of our communities. We ask your cooperation in providing the following information and returning it to us. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant has consented to this release of information as shown below.

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Does (did) tenant/family members/guests interfere with the rights/quiet enjoyment of other tenants?  Yes  No

Has (had) tenant/family members/guests acted in a physically violent and/or verbally abusive manner towards neighbors, landlord, or landlord staff?  Yes  No

Type of tenant:  Excellent  Good  Fair  Poor Would you rent to applicant again?  Yes  No

Comments on any of the above: \_\_\_\_\_

Signature & Title of Person Supplying Info \_\_\_\_\_

Phone # \_\_\_\_\_

Date \_\_\_\_\_

**RELEASE:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent. You do not have to sign this form if it is not clear who the requesting organization is or what organization is supplying the information.

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Phone (207) 854-2606 Fax (207) 854-2837



\*\*PLEASE PRINT\*\*



\*\*PLEASE PRINT\*\*

ORDER FORM
NATIONWIDE CRIMINAL SEARCH
FAX TO: CRIMINAL DEPT. 1-800-324-4595
FOR QUESTIONS: 1-800-324-3681

Property Name: \_\_\_\_\_ Date: \_\_\_\_\_
Customer Number: \_\_\_\_\_ Requested by: \_\_\_\_\_
Lawson's Number: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I, the undersigned, acknowledge and represent the information requested on the applicant below will not be used for employment purposes.

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_
SSN: \_\_\_\_\_

I, the undersigned, warrant and represent the information contained herein to be true and correct. In addition, I authorize AmRent to conduct a criminal background search and release any and all information obtained to the above property, and I hereby waive all rights of action for any consequences resulting from such information.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATEWIDE CRIMINAL SEARCH
Please check the appropriate State you wish to search.
Alabama, Alaska, Arizona\*, Arkansas\*, California, Colorado\*, Connecticut\*, DC, Delaware 1 to 3 days, Florida, Georgia, Hawaii, Idaho\*, Illinois, Indiana Elkhart City, Iowa 1 to 3 days, Kansas, Kentucky\*, Louisiana, Maine county level 48hrs-2weeks, Maryland, Massachusetts, Michigan, Minnesota, Mississippi\*, Missouri, Montana, Nebraska, Nevada, New Hampshire 1 to 5 days, New Jersey\*, New Mexico, New York\*, N Carolina\*, N Dakota, Ohio, Oklahoma, Oregon\*, Pennsylvania\* 1 to 3 days, Rhode Island, S Carolina, S Dakota\*\*, Tennessee\*, Texas, Utah, NA Vermont, Virginia, Washington, NA W Virginia, Wisconsin, NA Wyoming.
COUNTY LEVEL SEARCH
Please list the County and State you wish to search.
COUNTY LEVEL SEARCH RETURNED IN 1 TO 3 DAYS!!!
SEX OFFENDER SEARCH
Please check the appropriate State you wish to search.
Alabama, Alaska, Arizona, Delaware, Colorado, Connecticut, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Montana, Mississippi, Nebraska, New Hampshire, New Jersey, New Mexico, New York, N Carolina, N Dakota, Ohio (Hamilton, Cuyahoga, Lucas), Oklahoma, S Dakota, Aberdeen, S Carolina, Tennessee, Texas, Utah, Virginia, Washington, W Virginia, Wyoming, Washington DC.
STATEWIDE SEARCHES RETURNED IN 24 HOURS!!! (UNLESS SPECIFIED)
SEX OFFENDER SEARCH RETURNED IN 24 HRS!!! (States not listed, do not provide a separate Sex Offender Registry)
\* Will load soon in the AmRent Database
@ In the AmRent Database
NA Statewide Search Currently Not Available

\*\*A \$5.00 surcharge will be assessed on all S. Dakota searches. Pricing is subject to change based on availability and data sources.

Co-tenant

\*\*PLEASE PRINT\*\*



\*\*PLEASE PRINT\*\*

ORDER FORM  
NATIONWIDE CRIMINAL SEARCH  
FAX TO: CRIMINAL DEPT. 1-800-324-4595  
FOR QUESTIONS: 1-800-324-3681

Property Name: \_\_\_\_\_  
Customer Number: \_\_\_\_\_  
Lawson's Number: \_\_\_\_\_  
Phone: \_\_\_\_\_

Date: \_\_\_\_\_  
Requested by: \_\_\_\_\_  
Fax: \_\_\_\_\_

I, the undersigned, acknowledge and represent the information requested on the applicant below will not be used for employment purposes.

Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Name: First: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
SSN: \_\_\_\_\_

Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Address: \_\_\_\_\_

I, the undersigned, warrant and represent the information contained herein to be true and correct. In addition, I authorize AmRent to conduct a criminal background search and release any and all information obtained to the above property, and I hereby waive all rights of action for any consequences resulting from such information.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

STATEWIDE CRIMINAL SEARCH	COUNTY LEVEL SEARCH																																								
Please check the appropriate State you wish to search.	Please list the County and State you wish to search.																																								
<input type="checkbox"/> Alabama <input checked="" type="checkbox"/> Alaska <input type="checkbox"/> Arizona* <input type="checkbox"/> Arkansas* <input type="checkbox"/> California <input type="checkbox"/> Colorado* <input type="checkbox"/> Connecticut* <input checked="" type="checkbox"/> DC <input type="checkbox"/> Delaware <sup>1 to 3 days</sup> <input checked="" type="checkbox"/> Florida <input checked="" type="checkbox"/> Georgia <input type="checkbox"/> Hawaii <input type="checkbox"/> Idaho* <input checked="" type="checkbox"/> Illinois <input type="checkbox"/> Indiana <sup>Elkhart City</sup> <input type="checkbox"/> Iowa <sup>1 to 3 days</sup> <input type="checkbox"/> Kansas <input type="checkbox"/> Kentucky* <input checked="" type="checkbox"/> Louisiana <input checked="" type="checkbox"/> Maine <sup>county level 48hrs-2weeks</sup> <input type="checkbox"/> Maryland <input checked="" type="checkbox"/> Massachusetts <input checked="" type="checkbox"/> Michigan <input checked="" type="checkbox"/> Minnesota <input type="checkbox"/> Mississippi* <input checked="" type="checkbox"/> Missouri	<input type="checkbox"/> Montana <input type="checkbox"/> Nebraska <input type="checkbox"/> Nevada <input type="checkbox"/> New Hampshire <sup>1 to 5 days</sup> <input type="checkbox"/> New Jersey* <input type="checkbox"/> New Mexico <input type="checkbox"/> New York* <input type="checkbox"/> N Carolina* <input type="checkbox"/> N Dakota <input checked="" type="checkbox"/> Ohio <input type="checkbox"/> Oklahoma <input type="checkbox"/> Oregon* <input checked="" type="checkbox"/> Pennsylvania* <sup>1 to 3 days</sup> <input type="checkbox"/> Rhode Island <input type="checkbox"/> S Carolina <input type="checkbox"/> S Dakota** <input type="checkbox"/> Tennessee* <input checked="" type="checkbox"/> Texas <input checked="" type="checkbox"/> Utah <input checked="" type="checkbox"/> Vermont <input type="checkbox"/> Virginia <input type="checkbox"/> Washington <input checked="" type="checkbox"/> W Virginia <input type="checkbox"/> Wisconsin <input checked="" type="checkbox"/> Wyoming																																								
	County, State _____ County, State _____ <p style="text-align: center;"><b>COUNTY LEVEL SEARCH RETURNED IN 1 TO 3 DAYS!!!</b></p>																																								
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	<small>* Will load soon in the AmRent Database  <input checked="" type="checkbox"/> In the AmRent Database            NA Statewide Search Currently Not Available</small>																																								

\*\*A \$5.00 surcharge will be assessed on all S. Dakota searches.